

OCT 27 2006

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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Cindy Nguyen

Firm: U.S. Patent and Trademark Office
Art Unit 2161

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: October 27, 2006

Re: FLH Ref No.: 450100-04665
Serial No: 10/625,106

Number of Pages: 22
(including cover page)

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450100-04665

OCT 27 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Tetsujiro Kondo, et al.
Serial No. : 10/625,106
Filed : July 22, 2003
For : CONTROL SYSTEM, CONTROL APPARATUS, CONTROL METHOD, STORAGE MEDIUM, AND PROGRAM
Examiner : Nguyen, Cindy
Art Unit : 2161

745 Fifth Avenue
New York, NY 10151
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Percent extra	(6) Rate	(7) Additional Fee
Total claims	23	Minus	** = 23	* 0 x	\$50 (25)	= \$ 0
Independent claims	13	Minus	** = 13	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

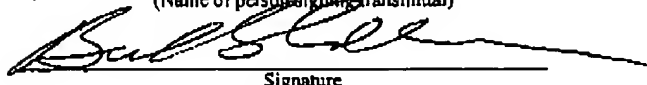
- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the first month following the expiration of the term originally set therefor. This is a petition to request a one-month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$120.00 is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on October 27, 2006.

Barnet Shindlman
(Name of person signing transmittal)


Signature

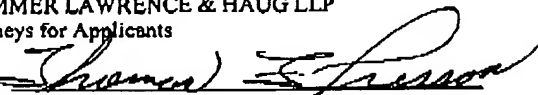
October 27, 2006

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


Thomas F. Presson
Reg. No. 41,442

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